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** CONTINUING DATA **********************************								
met yes Met after Allowance				SH	IEETS	S TOTAL		INDEPENDENT
				DR	AWING CLAIMS 3 21		CLAIMS 4	
ADDRESS 00270 HOWSON AND HOWSON ONE SPRING HOUSE CORPORATION CENTER BOX 457 321 NORRISTOWN ROAD SPRING HOUSE, PA 19477								
TITLE Training aid using vision restriction and method of use								
					☐ All Fees			
FILING SEE	EES: Authority has been given in Paper				☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of			
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